NYS Public Campaign Finance Board
Contribution Card

JOSEPH HERNANDEZ
NEW YORK STATE COMPTROLLER

This card must be completed in full, with an original signature from the contributor. Please use black ink and print clearly.

Committee Name: Hernandez for New York

Contribution Amount: $ _____ Date of Contribution: _____

Contribution Type: ☐ Cash ☐ Check ☐ Credit Card ☐ Money Order

Contributor Name: _____

Residential Address (No P.O.Box): _____

City or Town: _____ State: _____ Zip Code: _____

Telephone : _____ Email Address: _____

Employer: _____ Occupation: _____

Employer Address: _____

City or Town: _____ State: _____ Zip Code: _____

I certify that this contribution is being made from my own personal funds, is not being reimbursed in any manner, and is not being made as a loan to the committee.

_____ _____
Signature of Contributor Date

If you are self-employed, please enter "Self-Employed" under Employer and list your profession under Occupation.

Example: Employer: Self-Employed Occupation: Financial Advisor

If you are retired, please enter "Retired" under both Employer and Occupation.

Please sign the contribution card with either a wet signature or via DocuSign.

Mail all check and cash contributions AND this filled out contribution card to:

Hernandez for New York
697 3rd Ave
PMB #106
New York, NY 10017